



CITY OF COVENTRY



*ANNUAL REPORT*

OF

THE PRINCIPAL SCHOOL

MEDICAL OFFICER



1960



CITY OF COVENTRY



# ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1960





Nursery Class Baginton Fields School

## SCHOOL HEALTH SERVICE

### SPECIAL SERVICES SUB-COMMITTEE

as at 31st December, 1960

*Chairman*—ALDERMAN H. H. K. WINSLOW

*Vice-Chairman*—COUNCILLOR MR. J. D. BERRY

ALDERMAN MRS. E. A. ALLEN

„ MR. W. CALLOW

„ MR. S. STRINGER

COUNCILLOR MR. A. CLARE

„ MRS. W. E. LAKIN

„ MR. C. M. MAXWELL

„ MR. T. MEFFEN

„ MR. A. E. HINKS

„ MR. J. H. THOMPSON

*Co-opted members*—MR. L. BOWSTEAD

REV. A. P. DIAMOND

MR. G. H. ISON

MRS. H. I. SAUNDERS

MR. D. YOUNG

*Director of Education*—MR. W. L. CHINN, M.A.

*Deputy Director of Education*—MR. R. B. SYKES, M.A., L. ES. L.

## SPECIAL SCHOOLS SUB-COMMITTEE

as at 31st December, 1960

*Chairman*—COUNCILLOR MR. J. D. BERRY

*Vice-Chairman*—ALDERMAN H. H. K. WINSLOW

ALDERMAN MRS. E. A. ALLEN

„ MR. W. CALLOW

„ MR. S. STRINGER

COUNCILLOR MR. A. E. HINKS

„ MR. A. CLARE

„ MR. T. MEFFEN

*Co-opted Members*—MR. L. BOWSTEAD

MR. G. H. ISON

MRS. H. I. SAUNDERS

MR. D. YOUNG

## SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer (and Medical Officer of Health)	T. M. CLAYTON, M.D., B.S., B.HY., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health) .. .. .	A. PARRY JONES, M.B., B.CH., D.P.H.
Senior School Medical Officer ..	M. M. R. GAFFNEY, M.B., B.CH., D.P.H., B.A.O., D.C.H.
School Medical Officers and Assistant Medical Officers of Health .. .. .	D. J. DICKS, M.B., CH.B., L.R.C.P., M.R.C.S., D.C.H.
	M. D. DALY, M.B., B.S., M.R.C.S., L.R.C.P.
	S. N. JOSEPH, M.B., B.S., D.R.C.O.G.
	M. A. H. LAWSON, M.B., CH.B., B.A.O., D.P.H.
	M. G. LERNIHAN, M.B., B.CH., D.P.H., D.C.H. (resigned 23.9.60)
	J. B. M. PORTER, L.R.C.P., L.R.C.S.
	M. HOMMERS, M.B., CH.B.
	D. I. TROUP, M.B., CH.B., D.R.C.O.G.
	E. M. WILKINS, M.B., CH.B.
	J. W. PROUT, M.R.C.S., L.R.C.P. (commenced 2.5.60, resigned 26.8.60)
	R. A. BEASLEY, M.R.C.S., L.R.C.P., D.OBST.R.C.O.G. (commenced 19.9.60)
	A. D. FRYER, M.B., CH.B., D.R.C.O.G. (commenced 3.10.60)
	W. TEMPOWSKI, M.B., B.CH. (commenced 4.1.60)
Medical Officer, Town Thorns Residential School for E.S.N.	E. KILLEY, M.R.C.S., L.R.C.P. (part-time)
Medical Officer, City of Coventry School .. .. .	P. R. STANBURY, M.A. (Cantab.), M.R.C.S., L.R.C.P.
Paediatric Specialist and Heart and Rheumatic Consultant ..	H. PARRY WILLIAMS, F.R.C.P. (London) (part-time)
Ear, Nose and Throat Surgeons	W. OGILVY REID, M.A., B.SC., M.B., CH.B., F.R.C.S. (part-time)
	H. S. KANDER, F.R.C.S. (part-time)



Principal School Dental Officer	..	J. A. SMITH, L.D.S., R.C.S., Eng.	
School Dental Officers	..	<div> <div> MISS W. WILSON, DIP.DENT. SURG. (Warsaw) H. BOISSONADE, B.D.S. MRS. B. W. REUTT, DIP.DENT. SURG.(Warsaw) </div> <div> N. K. TAYLOR, B.D.S., L.D.S., R.C.S. ENG. (commenced 3.8.60) D. A. ANGUS, B.D.S. (part-time) M. F. KELLY, B.D.S. (part-time) (resigned 2.6.60) </div> </div>	
Superintendent Physiotherapist	..	MRS. M. M. HALLS, M.C.S.P.	<div> Baginton Fields School </div>
Physiotherapists	..	MRS. F. E. HOWITT, M.C.S.P.	
	..	MRS. J. L. THOMAS, M.C.S.P. (resigned 17.6.60)	
	..	MRS. J. CLAYDON, M.C.S.P. (commenced 14.6.60)	
Remedial Gymnast	..	MR. R. PEBERDY	
Speech Therapists	..	<div> MISS B. CARR, L.C.S.T. MRS. D. I. ROBERTS, L.C.S.T. MRS. P. BELL, L.C.S.T. (resigned June, 1960) </div>	
Chiropodists	..	<div> MR. A. T. E. FREKE, M.CH.S., M.R.I., P.H.H. (part-time) MR. D. SAXON, M.CH.S. (part-time) </div>	
Superintendent Health Nurse	..	MISS M. D. LLOYD	
Deputy Superintendent Health Nurses	..	<div> MRS. B. E. MACKIE MISS K. L. HOULTON </div>	
Dental Attendants	..	<div> MRS. K. CARTWRIGHT MISS P. PARKYN MISS J. BRAYNE MISS J. WILDAY (resigned 27.8.60) MISS B. M. MILLWARD (resigned 30.6.60) MRS. L. SHEEN (resigned 30.6.60) MISS J. OSBORNE (appointed 4.7.60) MISS C. WARNER (appointed 15.8.60) MISS P. LINES (appointed 22.8.60) MRS. A. SMITH (appointed 8.8.60) </div>	
Administrative Assistant	..	C. E. BODEN, D.M.A.	
Chief Clerk	..	MISS E. STEPHEN	



# CITY OF COVENTRY

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## SCHOOL HEALTH SERVICE

### 1960 Annual Report

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The School Health Service,  
Council Offices,  
Earl Street (South Side),  
Coventry.

*To the Right Worshipful the Lord Mayor, Aldermen and Councillors  
of the City of Coventry.*

MY LORD MAYOR, LADIES AND GENTLEMEN,

It gives me pleasure to present my Annual Report for 1960 and the health of Coventry schoolchildren continues, generally, to give much cause for satisfaction. The school population in the City was 52,377 at December 1960 (1959 — 51,836) and of these some 18,407 pupils received a routine medical inspection (1959 — 16,531) — an increase of 1,876. The number of pupils attending independent and private schools was 2,734.

#### Staffing

Dr. M. G. Lernihan and Dr. J. W. Prout (who was appointed in May of this year) both resigned from the medical staff in 1960, but the appointment of three new medical officers, i.e. Dr. W. Tempowski, Dr. R. A. Beasley and Dr. A. D. Fryer brought our establishment of Assistant Medical Officers up to strength.

#### Routine Medical Inspections

The number of routine medical inspections *including re-inspections and special inspections* increased during 1960, the total being 23,998 as compared with 21,924 in 1959. A variation in the long established scheme of routine medical inspections is envisaged for 1961 — this possibly, to take place in two areas of the City as an initial 'pilot' measure. I propose to report in more detail upon this matter in my 1961 Annual Report, following consideration of the subject by the appropriate Committees of the City Council. It does seem appropriate that a greater proportion of available medical and nursing attention should be considered for those children who are clearly in need of this to ensure a reasonably good standard of health throughout their school careers. This is not to say that the other and by far the greatest proportion of pupils are to be deprived of all necessary medical care and attention but rather that desirably, the available medical and nursing resources of the Local Authority should be deployed to the best advantage of Coventry school children in general.

## Nursing

The combined Health Visiting/School Nursing Staff available to the authority consisted of 60, which included 1 Superintendent, 2 Deputy Superintendents, and 33 Health Visitors, 6 School Nurses, 7 Temporary School Nurses, 4 Tuberculosis Visitors and 7 Student Health Visitors. There were 9 resignations during the year, i.e. 3 Health Visitors and 6 Temporary School Nurses. As will be seen from the report of Miss Lloyd (pp. 32-33) the responsibilities of the School Nursing Service has increased in certain directions whether in relation to ordinary or special schools. It is pleasing to note that arrangements which have been made for School Nurses to undertake training as Health Visitors are now having considerable effect and the increase in fully trained Health Visitor/School Nursing Staff is bound to have beneficial effects for the service generally.

## Infectious Diseases

With the exception of an outbreak of infectious hepatitis occurring at the City of Coventry Residential School, Cleobury Mortimer (fullest details are given at pages 36-38 herein), the year proved to be singularly free from outstanding incident in this sphere of work. The outbreak at Cleobury, had its commencement in late January and dragged on until Mid-May when the school was re-opened.

Not only did this outbreak present problems which were of particular moment and interest to resolve but also brought into immediate perspective the indissoluble bonds existing between environmental and personal health conditions. These two factors invariably bear direct relationship to each other whether good or bad.

Particulars of the incidence of dysentery in the City and the action taken to limit the spread of this disease appear at pages 35-36. The control of dysentery presents obvious problems wherever more intense conditions of communal living apply and these difficulties are usually enhanced where there are greater concentrations of the very young. Spread of infection becomes relatively more facile under such circumstances and the need for health education measures the more necessary.

While there was no case of diphtheria notified in Coventry during the year I would nevertheless stress the great importance of parents having their children immunised. Lack of such protection within a child population could lead to most serious consequences from this disease including its several serious and distressing complications.

## Dental

From August 1960, there were four full-time dental officers and one part-time. A second part-time officer resigned in June. Although there was *some slight* improvement in our staffing position during the year the position remains most serious and it is quite impossible to

offer that degree of conservative dental care to children which "once upon a time" was so apparent and which we would all, no doubt, wish to see re-established at the earliest moment.

Fluoridation of water supplies is something which is believed in, I feel, by the majority of dentists and doctors alike but until such time as the Ministry of Health reports upon the trials which are proceeding in certain areas there is little which local authorities can do in this direction one way or another.

Meanwhile, there remains one simple and important preventative measure which parents could take to help ensure absence of dental decay — namely, to insist that their children do not eat starchy foods such as biscuits, cake and sweets between meals (much rather an apple) and to ensure that they cleanse their teeth after all meals. By such means the dental and general health of children would be improved immeasurably and the burdens placed upon the relatively few dentists available would be likewise reduced.

### **General Condition of Pupils**

18,407 children were seen by my medical staff at routine medical inspections in 1960, an increase of 1,876 over 1959. Only 28 children, or .152%, were placed in the unsatisfactory category. This is much less than in the previous year, when the number was 65, and constitutes a further general improvement in physical health.

The picture is not so bright in connection with the incidence of emotional and behaviour disorders, and it would appear that these are on the increase: although we are not in a position as yet to assess in any detail the extent of the problem. It is clear, however, that a greater proportion of our medical officers' time will need to be diverted into this channel: indeed the counselling of parents alone in this connection, although very necessary, is quite time-consuming.

### **Contagious Diseases**

Coventry has been reasonably free from scabies infestation during recent years but in 1960 there were 63 cases — mainly confined to a relatively few families. Two such families were of the "tatters" types and the amount of time spent by Health Visitors on this assignment proved to be somewhat disproportionate because of the difficulty in tracing the children from day to day.

The peregrinations of these families are notorious and the efforts in tracing them are consequently tortuous and frustrating to the health visitors.

### **Immunisation and Vaccination**

3,574 schoolchildren received primary and 8,580 received booster injections against poliomyelitis during 1960 (1959 — 8,420 and 25,258 respectively). Injections against diphtheria totalled 5,659 (1959 — 2,365). There were also three only combined diph-

theria/whooping cough injections. It will be noted that the number of diphtheria injections was double that for 1959, and this excess was largely the result of open clinics held at Gulson Road Clinic following public requirements as the result of deaths which occurred in Derby from this disease. 560 attended at these open clinics which were held on 28th September, 1960 and 26th October, 1960. It is a salutary experience to find that it takes such an unfortunate situation to shock so many people into seeking essential protection.

95 school children received primary vaccination against smallpox and a further 25 received re-vaccinations.

## **SPECIAL SESSIONS AT THE CENTRAL CLINIC**

### **Chiropody Clinic**

A minimum of three treatment sessions per week were required at Gulson Road Clinic for children attending with foot defects — a few additional sessions were also arranged and it is clear that the demand grows from year to year. A very great number of foot defects are clearly due to shoes which are not at all designed to accommodate the growing teenagers' feet. It is a pity that so many young people, most often the female sex, prefer to be blind to the foot deformities and pain which will come their way in later life rather than that they should "see the present light" and wear footwear of more sensible pattern.

Needless to say this presents still one more reason why in these modern times there is need for intensive health education in so many directions. Several local teenagers have stated that they prefer to wear pointed toed shoes because the leather in these shoes is much softer and more yielding to their growing feet. If this be so, then perhaps there is need for shoemakers to give more serious consideration to this factor in the design and manufacture of teenage shoes.

### **Ear, Nose and Throat Clinic**

Regular fortnightly sessions continue to be held at the Central School Clinic both by Mr. Kander and Mr. Ogilvy Reid in addition to those held at the Out-Patient Department of the Coventry & Warwickshire Hospital.

It is significant that whereas five years ago there was an increasing influx of letters and many parents visited the offices requesting that tonsil and adenoid operative treatment be expedited for their children, this year only two such requests were made. Mr. Kander visits the Partially Deaf Unit at Spon Gate School at least once each term and holds a clinic and discussion sessions there with all concerned both in the medical and educational care of partially deaf children. Miss Morris, the Audiometrician, from the Coventry & Warwickshire Hospital is also in attendance at the above session as also are Dr. J. Dicks, School Medical Officer and Mrs. Hedges the Educational Psychologist.



### **Speech Therapy**

Since June 1960, ten sessions weekly is the total number of speech therapy sessions available for a child population of 52,377. The speech therapist working 9 sessions weekly at Baginton Fields School and 1 session at Alice Stevens School is fully occupied with the handicapped children at both schools and cannot be spared to assist with the problem elsewhere. We have been unable to appoint a successor to Mrs. Bell who left us in June 1960. There are many children in attendance at the other special schools in Coventry who are also in need of speech therapy facilities but there seems to be no hope of helping them while the present shortage of speech therapists prevails.

### **Heart and Rheumatic Clinic**

The work at this clinic has continued as in former years and its main functions, as Dr. Parry Williams has so rightly said in his report which follows later, is to be sure that children with certain cardiac defects, whether of minor or more major character, may live as natural a life as their defects will allow. We are most grateful to Dr. Parry Williams for his continued interest and help in the work of this clinic.

## **SPECIAL SESSIONS AT OTHER CLINICS AND OUT-PATIENTS' DEPARTMENTS**

### **Child Guidance Centre**

No child psychiatrist has yet been appointed by the Regional Hospital Board to deal with the urgent and ever-increasing problem at the Gulson Road Child Guidance Centre. By the end of the year, two further educational psychologists had been appointed, making a total of three : the third being the Senior Educational Psychologist. As yet we have no psychiatric social worker at the clinic and the one social worker attached there can cope with only the most urgent of cases. It is a depressing situation and one which appears devoid of an immediate solution.

There are plans however for a full integration of the Local Authority's Child Guidance and Mental Health services. This will lead to the appropriate usage of joint facilities by both Health and Education Departments. It will also provide a wider and more interesting range of duties for the staff of both departments and also help to encourage recruitment.

### **Ophthalmic and Orthoptic Clinics**

These continue to be held at the Coventry and Warwickshire Hospital. The hospital staff make readily available to us routine reports concerning individual children. Working relationships and liaison between hospital and the School Health Department are very satisfactory. Statistical details concerning those children found by our medical officers to have visual defects are available on page 47 of this report.

### **Orthopaedic Clinic**

School children with orthopaedic defects are mainly dealt with at the Paybody Clinic, Holyhead Road — the responsibility of the Regional Hospital Board. Working arrangements as between this clinic and the School Health Department are extremely happy and effective. Co-operation is of the essence and routine medical reports are forwarded to us concerning the condition of each child attending. A table showing the types of defect dealt with at the Clinic appears on page 40.

### **Branch Clinics and Combined Centres**

The attendance at branch clinics associated with certain schools continued to decrease in 1960 and the time may now be approaching to dispense with these arrangements and put the freed accommodation to alternative use.

The new combined clinics at Broad Street (Foleshill), Jardine Crescent (Tile Hill) and Aldermoor Lane (Stoke Aldermoor) are taking the load from the more temporary clinics indicated above and are functioning to greater capacity, being used for a variety of sessions and activities.

Decentralisation of staff progresses steadily as suitable peripheral clinics become available and a large proportion (about 44%) of our health visitor/school nurse personnel are outstationed at these buildings. This arrangement allows of our health visitors and school nurses giving more time to their working areas rather than that they should be obliged, as a routine measure, to report daily to the central offices for administrative and related purposes.

### **Anti-Tuberculosis Campaign**

This campaign which has existed in Coventry for six years continued throughout 1960. An extension to the present scheme however is contemplated for 1961, so that whole families associated with Mantoux Positive schoolchildren will first be offered x-ray and thereafter B.C.G. vaccination on a voluntary basis in all appropriate cases. This type of arrangement does already operate for the City but to a more modified extent.

The degree of follow-up of the child and family will depend upon the type of reaction to Mantoux and Heaf gun testing. Following the tests a visit will be made by a health visitor to each home where there is a positive reactor and a report sent to the Director of Mass Radiography (Dr. Gordon Evans) who will arrange for the clinical investigation of the entire family. Arrangements under the B.C.G. vaccination scheme now include — in addition to those for the 13 — 14 age group — all children of 14 years and older who are still at school, students attending universities, teachers at training colleges, technical colleges and other establishments of further education. Children younger than the 12 — 13 age group are included only where it is found to be expedient.

The following table shows the number of acceptances, Mantoux positive and negative reactors and also the number of children and students who were given B.C.G. vaccination under the scheme during 1960.

<i>Acceptances</i>	<i>Mantoux Positive</i>	<i>Mantoux Negative</i>	<i>Given B.C.G.</i>
1,904	335	1,206	1,188

These acceptances were actually received late in 1959 but because of other heavy commitments it was not found possible to carry out the skin tests and subsequent vaccination until the spring term of 1960.

## HANDICAPPED PUPILS

### Blind

One child was found to be in need of special educational treatment in 1960. In those few cases where a combination of blindness and mental retardation exists it is not always an easy matter to assess which provides the major handicap and the services of expert assessors (invariably difficult to find) are most desirable.

Two such handicapped children came to notice during the year and a final solution had not been found for them by the turn of the year.

### Partially Sighted

The Moseley School and Baginton Fields School continue to cater for younger and senior school children, respectively, who are partially sighted. The School Medical Officers provide necessary medical supervision and the Consultant Ophthalmologist sees the children as a matter of routine at least once per year at the hospital. Individual children are seen more often by the consultant, as required.

A major problem will arise, when the new Baginton Fields School becomes available, as to where the senior partially sighted children should be placed. There is no doubt that such children are extremely happy at Baginton under present arrangements but there is a consensus of opinion which feels it more desirable that they should not be educated in close proximity to other types of physical handicap.

An alternative viewpoint however, based on local experience, tends to show that the two categories can get along together very well and indeed have a salutary and not unbeneficial effect upon each other.



## **Deaf**

The numbers of children ascertained in this category appear to be decreasing quite rapidly due perhaps in considerable part to the advances in technical knowledge. Only one child was found to be so profoundly deaf as to need education in a residential school in 1960.

## **Partially Deaf**

The nursery class for 2 — 5+ year olds at Spon Gate School is now firmly established and in care of a teacher trained at Manchester University (Department for the Education of the Deaf). From this class the children migrate to the infants' and juniors' classes for partially deaf in the same building and all of them have opportunity to mix with fully-hearing children who attend the ordinary Junior and Infant school within the same curtilage.

There is, in addition, an ordinary nursery class. All of these facilities are within a relatively few yards of each other, and in the general charge of the head teacher, Mr. Coombs.

Of the 6 partially deaf children assessed as requiring special educational treatment during 1960, there were none requiring residential school facilities at infant or junior age.

There is a much present awareness of the implications arising from impaired hearing, particularly in infants and junior schools. No sweep audiometer testing has been done but careful check is made of the hearing of all children at the first routine medical inspection. Any major hearing defects have usually been detected already at infant welfare clinics or by the consultants. Several health visitors and medical officers are trained for expert testing and assessment and with the co-operation of the E.N.T. consultants appropriate educational recommendations are made as promptly as possible.

## **Educationally Subnormal**

Five medical officers are now qualified both by experience and by attendance at the approved course in London and other appropriate courses to deal with this type of handicap. In addition to the duties assigned to them at Alice Stevens and Three Spires Special Schools two of the above medical officers, namely, Dr. M. Hommers and Dr. M. Lawson, regularly attend at the Burns Road Junior and Coventry (Public Health) Senior Training Centres respectively to deal with those children who benefit only by this type of instruction.

The waiting list for ascertainment of educationally subnormal children is still quite long in spite of determined efforts to reduce it, but nevertheless no really urgent case is kept waiting unduly.

## **Epileptic**

It is pleasing to report that a much better understanding of the problems presented by epileptics now exists in Coventry. Children

suffering from this affliction are being fully accepted into the schools, both day and residential, and not a single child has been refused admission because of an epileptic condition.

Nevertheless much remains to be accomplished and, clearly, it would be of advantage for teachers, say at their teacher training courses, to be given a greater insight into the aetiology of epilepsy and in the "first aid" treatment of such attacks. Instruction of this kind would provide greater confidence in dealing with epileptic emergencies as and when these may happen in school.

Major attacks are now less common and are invariably characteristic and can be handled without undue difficulty. Attacks of "Petit Mal" can be mistaken however, as day dreaming or inattention and it would be as well for teachers to appreciate the possibility of an alternative reason.

Nine epileptic children were accommodated in residential units in 1960 and the remainder were reasonably placed in ordinary schools. Two such children were accepted for the holiday scheme operated by the British Epilepsy Association.

### **Maladjusted**

Children coming within this category are most seriously affected by the inadequacy of child guidance facilities. The few psychiatric sessions available are grossly overcrowded. Relatively little preventive and supportive work can be achieved while such a situation exists and many children on the waiting list who would benefit greatly from early psychiatric attention relapse into an acute state before they can be dealt with clinically. Such a situation gives cause for much concern and indeed is not dissimilar to the position in the Municipal Dental Service caused by the dearth of professional staff. The time is long overdue when adequate recruitment to these important specialties should be stimulated and the existing unfortunate trends halted and reversed.

Dr. S. W. Gillman, part-time consultant psychiatrist gives, on average, one session per week at our clinic and the Senior Registrar (Dr. E. Sutherland) from Warwick Hospital helps out with a further two sessions per week.

(Total — 3 sessions per week).

### **Physically Handicapped**

Last year attention was drawn to the need for additional nursery places at Baginton Fields Special School and happily these are now available. Elsewhere in this report the head teacher, Mr. Bowstead, comments upon the erection of temporary buildings which provide accommodation for approximately 30 children.

Regretfully I must report, however, that no sooner was the accommodation provided than the available places were filled and

an equal number of children, all under six years of age, appeared on our waiting list. This is unfortunate and a little disheartening, since most of these latter children have such handicaps as will most likely prevent their ever attending ordinary schools. It should be noted, however, that throughout the year no children seen in this category were considered as being unsuitable for entry into the school.

The acquisition of an ambulance-type lift car is envisaged in 1961 for the transport of permanent chair cases to and from their own homes. Under present conditions the lifting of weighty severely handicapped children into and out of transport constitutes a heavy task for staff, particularly the orderlies, and the risks of back strain should be virtually eliminated when the lift car becomes available.

The case conferences and clinics which take place in the Day School for Physically Handicapped Children constitute examples of complete co-operation as between parents, teachers, medical and auxiliary personnel.

Accommodation at Paybody Hospital School was severely restricted in December 1960 — January 1961 and teaching of the pupils there became a very difficult matter. We look forward with great interest to hear details of the new unit which is proposed at Whitley Hospital and which is intended to cater for the physically handicapped children now accommodated at Paybody Hospital.

### **Delicate**

The waiting list for entry to the Corley Residential School in 1960 continued to be lengthy as heretofore. Several requests to accept pupils from other authorities were received by the Coventry Education Department. Most of these latter are in respect of acceptable cases but, unfortunately, a few others had to be rejected, usually because of the severity of physical handicap.

It is noticeable that as the term advances at Corley, the health of delicate children markedly improves and this is accompanied by an increase in physical activity comparable to that in a normal school.

The same pattern emerged this year, as previously, from those children admitted to Corley or entered on the waiting list. Children suffering from repeated upper respiratory tract infections, asthmatic attacks, victims of the fish and chip routine were quite commonplace. As in former years most of the children had poor school attendance records.

Many parents request re-admission for their children time and time again and yet there is little doubt but that there are many such parents who try hard to help their children at home and who have genuine anxiety concerning the inability of these young people to thrive in their domiciliary surroundings.

There was again need to refer a few delicate children (notably those with asthma) to places on the South Coast for a few months at a time.

## Conclusion

Individual reports from head teachers and medical officers responsible for schools and classes for the various categories of handicapped children appear later in this booklet and I am indebted to all concerned for their helpful co-operation. Statistics concerning the numbers of handicapped pupils and their placement is available from the tables at the end of this report.

So far as is possible, those of our medical officers who have particular experience in certain types of child handicaps are each given special responsibility for the medical care of children at one or other of the special schools in the City. They are given responsibility for the ascertainment of children in their allocated school and for maintaining a good working relationship with head teachers and other personnel, as also the parents.

Following assessment it is necessary that certain decisions need to be taken in respect of the children concerned. Thereafter, parents must be informed and indeed tactfully approached and prepared by our staff so that decisions will not, in so far as is reasonably possible, cause them undue anxiety.

Nevertheless, it does happen on occasion, despite prior preparation, that parents may be upset — maybe for example upon receipt of a routine statutory notice even if it be delivered by hand. It is difficult to find a completely mollifying solution in every instance but staff invariably do their best under the circumstances.

The admission of handicapped children to any of the special schools is a matter for case conference — as is also any decision concerning the kind of after-care necessary for a school leaver.

At these conferences the Head Teacher, School Medical Officer, Educational Psychologist, Assistant Education Officer, Youth Employment Officer and any other officer directly interested in the school leaver are in attendance and careful consideration is given to each case. At least one such conference is held each term at every special school.

For some years it had been realised that *local* provision for after-care left much to be desired in some directions. Consequently in 1960 the Health, Welfare and Education Departments in conjunction, considered how best these difficulties could be overcome and what organisation was best to achieve this end. An attempt was made to ensure that as far as possible the same officer, who knew the child in school, should continue his supervision thereafter. This may be either the Education Welfare Officer or his counterpart in the Mental Health Section or Welfare Department depending on the type of handicap and on the school concerned. At the moment, the actual age limit for ordinary care has not been finally decided upon but no limit is envisaged for specialised after-care. Each case will, in any event, be judged on its own merits.



It is pleasing to note the intense spirit of co-operation which exists between the teaching, medical and auxiliary staffs and the great care which handicapped children receive at the several special schools administered by the local Education Authority. The headmaster at Baginton Fields School records the interest shown by visitors from overseas and also from those nearer at hand in the comprehensive nature of the services provided at his school. The headmaster at Three Spires School is particularly happy concerning the increased efforts which educationally subnormal children make in caring for themselves, as soon as their interests have been sufficiently stimulated in that direction.

At the Partially Deaf Unit, Spon Gate Primary School, Miss Gardiner rightly stresses the importance of encouraging the children attending there to mix, communicate and make friends with the greater body of children attending the ordinary departments of the school.

These few pointers and many others besides, exemplify the buoyant attitude prevailing and continue to provide good augury for the welfare of all handicapped children.

Shortage of dentists persists in our School Dental Service — as indeed nationally — and when this difficulty will be resolved seems “anyone’s guess.” But meanwhile all those other preventive measures which will have beneficial impact upon the elimination of dental caries in children should be practised wherever possible.

The Principal School Dental Officer draws attention, once again, to the deleterious effects which occur when interdental particles of carbohydrate have been left to ferment within the mouth. Parents can help by prevailing upon their children, and the latter can help themselves by accepting that biscuits and sweets eaten between meals will do damage to their teeth : unless immediate measures are taken to cleanse the mouth thereafter.

We look forward with interest — and a good deal of impatience — to the results of the fluoridation experiments which the Ministry of Health are conducting in certain localities of the Country ; these have been under way for a few years. Most professional people have long been convinced that appropriate treatment of water supplies will greatly assist in the prevention of dental caries during the formative years. It is very desirable that this matter be resolved as soon as possible and a decision taken one way or another.

Once again it is my particular pleasure to acknowledge with grateful thanks the ready and dedicated service which has been available alike throughout the year from consultants, medical officers, dentists, nurses, medical auxiliaries, administrative and clerical staff in the interests of Coventry school children generally.

My thanks too are due and willingly given to the Director of Education and his teaching and administrative staff for their continued helpfulness and co-operation. To Dr. M. M. Gaffney, Mr.

E. Boden and others who have in any way contributed to this report I extend my appreciation.

On behalf of my staff in the School Health Department and myself I wish to express thanks to the chairman and members of the Education Committee as also to the Special Services and Special School Sub-Committees for their interest in the work of the department during 1960.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

*Th. Clayton.*

*Principal School Medical Officer.*

### **School Population, Accommodation, Attendances**

At December 1960, there were 139 primary and secondary schools (including the City of Coventry School) being maintained by the Local Education Authority, viz :—

- 99 Primary and all age schools
- 22 Secondary Modern Schools
- 3 Secondary Selective Schools
- 8 Comprehensive Schools
- 6 Special Schools
- 1 Nursery School.

The primary, secondary and special schools are divided as follows :—

- 110 County Schools
- 12 Voluntary C.E. Schools
- 17 Voluntary R.C. Schools.

Number of children on registers, January 1960	..	..	48,963
Number of children on registers December 1960	..	..	49,643
Average percentage attendances of all schools	..	..	91.77
Number of children attending independent and private schools	..	..	2,734

### **REPORTS FROM SPECIAL SCHOOLS AND CLASSES**

#### **Baginton Fields School for Physically Handicapped Children**

Dr. E. M. Wilkins reports as follows :—

“ In May 1960 I was extremely fortunate to be appointed Medical Officer to Baginton Fields Special School.

Since that time I have visited the school weekly and have dealt with all the minor medical matters that crop up in a school of this type.

A routine medical inspection has been completed for the age groups 5, 8 and 14 years and this brought to light a number of children having visual, dental and postural defects in addition to their major disabilities. These have been corrected as far as possible, and, in addition, pure-tone audiometry has been carried out on those children having speech defects, who have not already been tested because of age etc.

All new entrants to the school were examined at the beginning of each term and in some cases I was able to visit these children in their own homes for initial assessment. This experience has been invaluable in getting to know the family background and establishing initial good relations with the parents.

Likewise all school leavers were examined prior to the excellent case conference held in their final term in an endeavour to find them suitable employment.



Children continue to be admitted to the Nursery, sometimes for a trial period. It has been fascinating to watch their improvement, both physically and in socialization of behaviour after a period of expert care and greater freedom of experience.

The consultants, Dr. Parry Williams and Mr. Penrose, have continued to visit the school regularly and their interest and help is invaluable.

I should like to take this opportunity of thanking Mr. Bowstead and his staff for making me so welcome at the school and for the help which they have given so generously. In particular, I should like to mention Nurse Gore, whose intimate knowledge of these children has been an invaluable asset."

Mr. L. Bowstead, Headmaster, reports :—

" 1960 — Again a year of expansion and consolidation. The early diagnosis of congenital handicaps and the excellent co-operation with the Paediatrician produced a considerable number of cases at the Nursery stage. As a result, two new "Swiftplan" classrooms have been added to our Nursery provision. There is promise that a number of these children (who respond more readily at this stage to therapy) will be ready to transfer to normal schooling before or during the junior stage.

A tradition of service has been established among the older children who assist with the day to day organisation of the younger children in a most capable way.

At the moment of writing there are 202 physically handicapped and 16 partially sighted children on the roll with an age range from 3 years to 16½ years.

Considerable difficulty has been experienced with transportation of heavy immobile children, but plans are afoot for a special ambulance/chair transporter with hydraulic tail lift. This should give a safe and comfortable ride to those children who are chair bound.

Visitors from other countries and Local Education Authorities have been impressed by the co-operation and help received at our Consultants' Clinics and by the comprehensive nature of the services provided at Baginton Fields.

Once again I am pleased to pay tribute to the wonderful teamwork and wholehearted co-operation of all concerned in the work here.

Mrs. D. Roberts, Speech Therapist, reports :—

" The average number of children treated during each school term in the Speech Therapy Department at Baginton Fields School was 27 during 1960.

5 children came from the Nursery Unit at the school. The rest came mainly within the age range 5 to 12 years. Of the total of 27,

18 came under the heading of Cerebral Palsy, 2 of which had the additional handicap of a fairly severe hearing loss. The remaining 9 children consisted of one with repaired cleft palate and cleft lip, two stammerers, two with disturbed speech following road accidents, two with excessive nasality of speech, one with wasted throat and tongue muscles, one with multiple dyslalia.

On the whole, response to treatment was good throughout the year, as verified by tape recordings of individual progress."

Mrs. M. M. Halls, reports :—

"I have much pleasure in presenting my report as Superintendent Physiotherapist at Baginton Fields School.

The work in the department is covered by three physiotherapists, Mrs. Claydon, Mrs. Howitt and myself, and in the work of rehabilitation we are assisted by Mr. Peberdy, the remedial gymnast.

The treatment of cerebral palsy conditions is largely my concern. In this Mrs. Claydon assists me. The poliomyelitis cases are mainly Mrs. Howitt's care. The day to day maintenance of block leathers, splints, etc. is undertaken by Mrs. Jones.

The co-operation between the teachers, therapists and the carpenter enables us to design the special furniture and equipment for the children. We are indebted to the Wood and Metalcraft Master, Mr. Stringer, and to the senior boys, who care for the maintenance of the electrically propelled chairs and also are responsible for many ingenious devices for the individual child. A surgical instrument maker visits us once a week.

Of the 220 children at the school, some 90 receive regular therapy treatment. This includes a number of children with bronchiectasis. Treatment varies between individuals, some three times a day, or in some cases as little as once per week.

The addition of two new Nursery classrooms will enable us to commence treatment at a stage before bad habit patterns have been established, and this should assist our work considerably."

### **Alice Stevens Day School for Educationally Subnormal Children**

Dr. M. Lawson reports :—

"It is a great pleasure to pay tribute once more to the warm co-operation of the staff at the Alice Stevens Day School for Educationally Subnormal Pupils, where Mr. Saxon continues as Headmaster, and where everyone works so consistently and systematically on behalf of these less able children.

During the year two exclusions have been necessary under Section 57 (3) of the Education Act 1944, and one under Section 57 (4), while mental testing of school leavers has continued routinely for the purposes of Section 57 (5) in respect of the after-school care.

It is gratifying to learn that a scheme has been arranged for the social aftercare of the school leavers — so necessary in helping them to settle in employment and to encourage them to make the most of their educational and social talents during difficult adolescent years.

In her role of school nurse, Mrs. Wardle has continued to secure the confidence and co-operation of both children and parents alike."

### **Three Spires School for Educationally Subnormal Pupils**

Dr. M. Hommers reports :

" The health of the children at Three Spires School has been good during the past year. A medical inspection was held towards the end of 1960, to which every child attending the school was invited. On the whole, the children were well-built and in good health. An especially encouraging aspect of the medical inspections was that so many of the parents made the effort to attend. Since many of the children come from outlying parts of the City this meant quite a long journey, on several 'buses for some parents.

The system of the Medical Officer to the school attending for a regular session once a week has worked well. The children seen have been referred by the Headmaster, the nurses, or parents, and sometimes at the request of the Director of Education. There has been good co-operation in referring children, and the teaching staff have shown great interest in the health of the children.

I have had the utmost help from Mr. Monks, the school staff and the nurses, Mrs. Luckman and Mrs. Trafford, and would like to thank them very much."

Mr. R. G. Monks, Headmaster, reports :—

" The school has spent a busy year, largely in development and consolidation.

We now have the beginnings of our Upper School and the number of children on roll will continue to increase each term. Whilst Lower School has static classes (as in ordinary primary schools) we are now able to provide in Upper School a full range of specialist craft subjects as well as standard work in English and Arithmetic.

Although this year our energies have largely been employed in the continual re-organisation which ever increasing numbers brings about, we hope very early in 1961 to begin our work with kindergarten children.

Dr. Hommers began her now routine visits in June, and in November/December carried out a full medical inspection. Dr. Hommers reports a high standard of health and physical condition in our children.

I am pleased also to report that the few special cases, who, from the personal cleanliness aspect need our constant attention, are now showing increased effort and interest in caring for themselves. This is, in no small measure, due to the efforts of Nurse Luckman and Mrs. Trafford, our School Nurse and Orderly, who do so much to keep up the standard of health and cleanliness of our children here.

During the year, seven children left us for residential schools (three of these to Corley Residential School on a short term basis), no children were excluded as unsuitable for education in school, and one child, having been helped overcome specific difficulties, was returned to ordinary primary school where she continues to make progress."

### **City of Coventry School**

Dr. P. N. Stanbury reports :—

" Though the general incidence of sickness in 1960 was not high, the Spring term was marred by an outbreak of infective hepatitis, of which there were 13 cases brought to notice in school though an extension of symptoms during the holidays involved a total of 34 boys. The origin of the infection was not determined, but it is probable that the first case acquired the infection before returning to school. In order to make sure that the epidemic did not continue in the Summer term, the beginning of term was postponed for three weeks.

In other respects it was a healthy year. 92 cases were admitted to sick quarters, about half of these being cases of influenza or upper respiratory infections. The number of in-patients was approximately half the number admitted during the previous year. There were 4 cases of minor fractures, and in general the incidence of injuries was low. 31 boys were given B.C.G. vaccine, and 13 anti-poliomyelitis injections were given by arrangement with the Shropshire Medical Officer of Health.

In the kitchens some improvements in table surfaces and equipment were commenced in order to improve the cleanliness of food handling."

### **Town Thorns School, Easenhall, Nr. Rugby**

Dr. E. Killey reports :—

" The health of the children at Town Thorns School for the past year has been good and the school has again been free from epidemic illness other than one outbreak of mumps which involved a large percentage of the children. I am pleased to say that the incidence of colds, influenza and other upper respiratory infections has been very low for a group of children of this size, which points to a good standard of general care, nutrition and management.

The provision of a full time nurse has been a great improvement and has made the management of routine care and hygiene much



more efficient and has produced good results. There has been little in the way of serious illness and the incidence of minor accidents and injuries has been low. I think possibly more attention could be focused on postural exercises among these children as an aid to maintaining a good standard of general health.

To summarise, the general standard of health, hygiene and care has remained excellent."

### **Corley Residential School**

Dr. M. D. Daly reports :—

" The facilities for delicate children at Corley were put to full use during the year 1960. The waiting list for places is gradually being reduced, so that even the less urgent cases do not now have to wait so long for admission. There is little or no delay in the admission of urgent cases.

Most of the children stay for one or two terms to improve their general health, though a few children — particularly those with asthma — may require longer. Several children come from other parts of the country. The average weight gain is 6 — 7 lbs per term. The majority of asthmatic children have no attacks of asthma while at Corley. A small minority continue to have some attacks but these are rarely severe.

The medical care of the children at Corley followed the same pattern as in the previous year. The nursing staff are to be congratulated on maintaining their high standard of care — in spite of the absence of one member of the team due to severe illness. There have been no outbreaks of infectious disease but isolated cases of influenza and tonsillitis have occurred.

A case conference took place towards the end of each term. This was most useful in co-ordinating the after-care of those pupils who were leaving Corley and might need special help in returning to an ordinary school.

At the end of the autumn term a greater number of children than usual were discharged in order to make some accommodation available for Town Thorns children whilst their premises are being rebuilt."

### **Paybody Hospital School**

Miss M. C. Craven, Headmistress, reports :—

" The number of children receiving treatment during 1960 was 101, made up of 68 boys, 22 girls, and 11 nursery children. The lengths of stay were as follows :—

Long term patients remaining from 1959	..	..	..	6
6 months and over	..	..	..	7
3 — 6 months	..	..	..	9
2 — 3 months	..	..	..	9
1 — 2 months	..	..	..	31
1 week — 1 month	..	..	..	25
Less than 1 full week	..	..	..	14

It is not possible to write objectively about the difficulties in carrying out teachers' duties at this school during 1960. This is mainly due to the change in accommodation facilities as a result of which the children now have to share with adults. This has caused considerable disruption to routine."

### **Partially Deaf Unit, Spon Gate School**

Miss M. L. Gardiner, Teacher-in-Charge, reports as follows :—

" The work of the Partially Deaf Unit during the past year has continued to expand and develop. One of our teachers was seconded in October to Manchester University to train for teaching the deaf. In January 1961 she is to be replaced by another qualified teacher of hearing children, who has also been accepted for the Manchester course and will commence in October 1961. In this way a staff of teachers of the deaf is gradually being built up, and as there is such a shortage of these specialists, this method appears to be the most effective way of securing staff. As the secondary stage of the work is to be begun in September 1961 when eight of our eleven-plus children will be transferred to inaugurate another Unit, there is a pressing need for more staff.

It is with regret that we learn that Mr. Savage, the peripatetic teacher of the deaf, who has been working with us since last Easter, is leaving to take up a similar appointment in his home county. We wish him every success in his future work.

We have the maximum number of partially deaf children on roll that the staffing will permit, i.e. ten to each teacher, making a total of thirty children in all, and the waiting list will be absorbed in September when the older children are transferred. Our youngest child is two years nine months and the oldest will be twelve in February. It is interesting to note that there are 19 boys and only 11 girls in the Unit.

We continue to be greatly indebted to our Consultant, Mr. H. S. Kander, for his genuine concern and care for each child in the Unit and for his sincere interest in the provision for their future educational treatment when they pass to the secondary stage of their schooling. We have much to be grateful to him for as he has an insight into the intellectual effects of deafness which is very valuable.

Without the close co-operation of the Head Teacher, Mr. Coombe, and the staff of the school, most of the benefits of the Unit would be lost. As each partially deaf child's ability to communicate improves, absorption into a greater part of the normal curriculum of the school is willingly arranged and the ultimate success of our work depends on the skill, goodwill and co-operation of every member of the staff, whether specialist or not. We are indeed fortunate that our parent school is progressive and concerned with character building and social training and staffed by teachers who accept the child

deprived of normal hearing as a full member of the class, giving more and more help to the individual child as their insight into the handicap grows. Whether the building is old or new matters little. The extent to which children with defective hearing are encouraged to mix with others, to communicate and to make friends is a matter of greater importance. As I said before, we are indeed fortunate in being integrated in such a happy school as Spon Gate."

## REPORTS FROM CONSULTANTS AND CLINICS

### Child Guidance Centre

Dr. S. W. Gillman reports as follows :

" Attempts were made in 1960 to obtain a Consultant Psychiatrist to work for seven sessions, but there have been no suitable candidates, and once again the post has been re-advertised by the Birmingham Regional Hospital Board, but from past experience, it is unlikely that one will be available for some little time.

The Minister of Health has approved a Child Psychiatrist for nine sessions instead of whole-time. There is no doubt that there is sufficient work for a whole-time psychiatrist.

Once again, owing to other commitments, I have not been able to give as much time to the clinic as I would have liked, but I have been ably assisted by Dr. E. L. Sutherland, my senior registrar. Also, other registrars who have been appointed during the year have helped. It is hoped in 1961, that three sessions will be worked by psychiatrists to try and see and treat as many children as possible.

There is no doubt that the amount of work is increasing, and it is unfortunate that Coventry children are seen from Remand Homes outside Coventry — this means that they have to be re-seen or dealt with by the Coventry Child Guidance Centre after being dealt with by the Courts. This causes double work for everyone, and it is impossible to take on a child until one has personally investigated the case.

The numbers, as usual, will be given by the Senior Psychologist.

One aspect of the work which has never been discussed in my reports is the use of hypnosis in children. This has helped very much in a few cases of asthma, and also in stammering, as well as getting relaxation in children in order to get a good relationship and history from them. A pleasing part of this treatment is that the mothers are keen on the idea and I have great co-operation from them. Although there is limited use of this treatment in child psychiatric work, it is well worth mentioning. Other treatments are used, but are time consuming, and only a limited number of children can be treated by personal psychotherapy.

In conclusion I should like to thank all personnel at the Child Guidance Centre and the School Psychological Service for their assistance and co-operation, and especially to Dr. E. L. Sutherland, who has helped out in this very busy year for myself."



## School Psychological Service

Mrs. P. E. Hedges, Senior Educational Psychologist, reports as follows :—

“ In my report on the School Psychological Service it has become customary to comment on the shortage of staff and inadequacy of premises. For the first time for several years it is possible to report of improvement in staffing, although for one discipline only, and in accommodation. Towards the end of 1960 three rooms at the adjacent school clinic were made available and these have been allocated to the Remedial Teachers whose number was increased to five in January 1960. Thus, this development in the Remedial Teaching Service has enabled more children to be seen as individuals or in small groups at the Centre and in 15 groups established within the schools. Approximately 240 children received remedial treatment during the year. Surveys of groups of children continued to be conducted to find those children who needed special educational treatment either within the ordinary school or at a special school.

As there was only one educational psychologist throughout the year, I am very grateful to the remedial teachers for their help. In particular they screened 120 backward children referred and only the more severely dull and backward were seen by the educational psychologist. Of these, 42 were ascertained as educationally sub-normal and in need of special school education.

At the end of 1959, 193 children remained on the waiting list. As it was realised that the delay in seeing children was likely to be even greater the opinion of referral agencies was requested as to whether the need for investigation remained. As a result of this enquiry approximately half of the remaining 1959 referrals were removed from the waiting list.

533 children were referred in 1960. During the year 275 were seen for psychological assessment. 161 social histories were obtained by the Social Worker and a further 114 by the Educational Psychologist. (The National shortage of Social Workers remained and there were no applications following advertisements). 104 of the children were then referred for psychiatric assessment. At the end of the year nearly 300 children remained on the waiting list. This was very perturbing and although two additional psychologists were due to take up appointments in January 1961, it was obvious that for a long time to come the needs of parents and children would not be met.

Treatment in its various forms (excluding remedial teaching) was as follows :

- Psychotherapy (Psychiatrists) — 626 attendances
- Counselling and treatment (Psychologists) — 289 attendances
- Play therapy (Psychologist with help from the teacher-in-charge of the Observation and Diagnostic Class) — 408 attendances
- Consultations and treatment with parents (Social Worker) — 631 interviews.

11 Children attended during morning sessions in the Observation and Diagnostic Class during the year. The average age is becoming lower and the period of attendance has been longer. One of the children discharged was admitted to a Special School for E.S.N. children and the other to Baginton Fields School for Physically Handicapped Children. This year the class included two children with a psychotic condition.

Although other aspects of the work suffered it was possible to keep some contact with those away from home in schools for Maladjusted Children and as close a liaison as possible was maintained with Cromers Close Hostel for Maladjusted Children."

### Chiropody

Mr. A. T. E. Freke reports :—

" During the year three clinics were held weekly on Tuesday afternoon, Thursday afternoon and Friday morning at the Central School Clinic. An occasional extra session was undertaken, when necessary, to keep the number of children awaiting appointments to a manageable level. During this year more treatments were given than in any previous year since these clinics were started.

During the year :

2,188 treatments were given

480 new patients were seen

478 patients were discharged cured

6 patients were referred for further advice and treatment to the Orthopaedic clinic

3 patients were referred for treatment to the Dermatological Department of the Coventry and Warwickshire Hospital.

I feel a growing concern over the fact that more and more young girls are adopting the present fashions in women's shoes. Most of these styles seem to be designed specifically with a view to deforming our teenagers' feet.

Our grandmothers gave up the practice of tight lacing, and the old Chinese custom of binding the feet is regarded now as being barbarous, and yet, more and more, our young people force their feet into shoes in a new form of self inflicted torture. Although this may not cause suffering at the time, it will certainly do so in later years.

It is certainly amazing, when there are so many housewives today who are " footsore and weary " from the effects of their own bad footwear in earlier years, that so little is done to prevent their children treading the same painful path."

## Dental Report

Mr. J. A. Smith, Principal School Dental Officer, reports :—

“ Again the year has brought changes and a slight improvement in the staffing position. Mr. M. F. Kelly, B.D.S., who had been attending Broad Street Clinic for five sessions each week, reduced that number to three as from February 1st, and he resigned on 2nd June. From March to July Mr. N. K. Taylor, B.D.S., L.D.S., (four sessions each week) and Mr. N. J. Berrill, L.D.S. (one session each week) attended the Clinic and Mr. Taylor joined the staff in a full time capacity on 3rd August, increasing to five the number of full time dental officers. Mr. D. A. Angus, B.D.S., has continued to attend on two sessions each week and I am grateful to him for his regular and most useful contribution to the work of the dental department.

I am grateful too to Dr. K. M. Park who attends on general anaesthetic sessions and to Dr. D. W. Ebrahim and Dr. E. M. Wilkins who willingly helped during the temporary absence of Dr. Park.

The orthodontic treatment is still largely carried out by Mr. E. K. Breakspear, L.D.S., D.Orth., a service which is much appreciated by those who are privileged to benefit from it.

It will be seen that the number of dental officers is still far below the approved establishment figure of twelve, a figure which would still be insufficient for a school population of over fifty thousand. We are still unable to carry out school inspections and invite children to attend for full conservative dentistry. This shortage of dental officers is of course a national anxiety and Coventry is not alone in its problem. Even apart from this consideration it would be of much benefit if parents and those responsible for the diet of children would constantly bear in mind the causes of dental decay, and seek to reduce to a minimum the attack which is made on the teeth by the acids resulting from bacterial action on carbohydrates stagnating in the mouth.

Meals should contain a considerable proportion of roughage and fibrous foods (salads are very good), and finish with fresh fruit, a piece of raw carrot, celery, or some such item which will produce a natural cleansing of the teeth. Plain water bubbled forcibly between the teeth and swallowed removes most food debris if repeated three times after meals. This is a convenient way of cleansing the teeth even when away from home and children should be encouraged to make it an after-meal routine. Everyone should be aware of the need to brush the teeth last thing at night and after breakfast before departing for school.

Eating should be confined to meal times, the only exception being for fruit, and where schools persist in the sale of starchy snacks and chocolate it should be pondered if it is right to encourage habits which are harmful to the children's health.

It may be that eventually our children's teeth will be given a degree of defence by the fluoridation of water supplies in the concentration of one part per million. In some countries fluoridation of drinking supplies has been accepted and practised for several years, and it is not without weight that the World Health Organisation set up an Expert Committee on Water Fluoridation, who reported in 1957 "The effectiveness, safety, and practicability of fluoridation as a means of preventing dental caries, one of the most prevalent and widespread diseases in the world, is now established." Studies are in progress in three areas in the United Kingdom, and reports on these investigations will be awaited with much interest.

In conclusion I express my appreciation to the dental officers, the anaesthetists, the dental attendants, and all who have in any way contributed to the work of the department, for their loyalty and service during the period under review."

	<i>Primary and Secondary Schools</i>	<i>Infant Welfare</i>	<i>Ante- Natal</i>	<i>Total</i>
Fillings :—				
Permanent teeth	7,872		304	8,176 (7,478)
Temporary teeth	284	21	—	305 ( 184)
Extractions :—				
Permanent teeth	4,784	—	326	5,110 (4,960)
Temporary teeth	9,438	604	—	10,042 (9,349)
Other operations	1,668	78	101	1,847 (1,394)
Administration of G.A.	2,697	224	38	2,959 (2,698)
Attendances	17,772	755	486	19,013 (17,332)

The figures in brackets are the corresponding totals for 1959.

### **Ear, Nose and Throat Sessions**

Mr. W. Ogilvy Reid reports :—

"I continue to find the Ear, Nose and Throat sessions which I hold at Gulson Road Clinic of the greatest benefit. They are particularly valuable for the examination of those children who do not readily fit into the atmosphere of the hospital out-patient department because of undue anxiety. Moreover the hospital clinics continue to be overburdened and the Central Clinic sessions are of decided value in lessening the load.

I would take this opportunity to thank the nursing staff attached to my clinic for their helpful assistance which is much appreciated."

### **Heart and Rheumatic Clinic**

Dr. H. Parry Williams reports :—

"During the year 1960, 53 new cases were seen at the Heart and Rheumatic Clinic, the diagnoses being as follows :



Patent Ductus Arteriosus	..	..	..	..	..	2
Congenital Aortic Stenosis	..	..	..	..	..	2
Rheumatic Mitral Disease	..	..	..	..	..	3
Atrial Septal Defect	..	..	..	..	..	2
Ventricular Septal Defect	..	..	..	..	..	1

The remainder had cardiac murmurs which were felt to be innocent in character.

The main function of this clinic is to make sure that children with cardiac murmurs are assessed in order that they may live as normal a life as possible. All the congenital heart lesions are investigated by catheterisation, etc., and where felt necessary surgery is proceeded with if the parents are agreeable."

### Nursing

Miss Lloyd, Superintendent Health Nurse reports as follows :—

"Coventry health visitor/school nurses have had another busy year and there is much to record as a result. The school population has increased by nearly a thousand, and one new school has been opened at Bell Green in an area which at all times makes great demands on the staff. Nursery classes are the same in number but more children are attending. The parents are appreciative of the work done by the school nurse responsible for their general supervision.

Alice Stevens School continues to be visited by the same school nurse, which helps considerably with this type of school.

The nurse visiting Burns Road Junior Training Centre and Three Spires Special School now has much more to do as the numbers are constantly increasing. Early in 1960 the Senior Training Centre was opened at Torrington Avenue : this centre is visited regularly by one of the school nurses.

Last year I reported a reduction in head cleansings. Unfortunately the number has risen this year. This may, of course, be due to the increased school population, also the increased health visitor/school nursing staff who have been able to do more detailed examinations. For example, 113,807 children were examined at routine cleanliness inspections as against 91,269 in the previous year. The routine medical inspections, which took up a great proportion of the health visitor/school nurses' time, have increased by approximately 2,000 over last year's figures.

Poliomyelitis sessions are still a great feature in the school nurses' programme and the numbers are maintaining a high standard. During the year four of the staff attended refresher courses. It was a happy day for the department when last June three school nurses and one T.B. visitor returned after successfully completing their health visitor training and so added four to our steadily growing staff of health visitors/school nurses. A further

student, who had trained in London, also joined the staff as a qualified health visitor in December.

During 1960 four school nurses without the health visitor's certificate were sent for further training along with three others ; all are due to join the department in 1961. This will help considerably in the ever growing demands of the health visitor/school nursing staff.

There were nine resignations from our staff in 1960 — chiefly for domestic reasons."

### **Speech Therapy**

Miss B. Carr reports :—

" The past year has been a busy one for speech therapy at Gulson Road. Before Mrs. Bell left in June she made a survey of the cases requiring treatment in her area and the numbers were considerable. As no new therapists have been appointed, the vast majority of these children are still waiting and many new ones are constantly being referred.

As the months have passed I have been asked to see several of the children concerned. I have done this whenever possible, but it has subsequently caused delay in treatment for children in my own area and the waiting list has naturally increased. At the moment of writing I am treating children and interviewing parents in " urgent " cases only, taking these either from my own area or those previously dealt with by Mrs. Bell.

Even if it is not at the present time possible to give weekly appointments for treatment, I think it is often advisable to interview the parents and test the child's speech. In the interview the therapist can attempt to reassure the mother and, if successful, this will very soon have a beneficial effect upon the child. It is also possible to give advice on how to deal with the speech defect until such time as therapy is possible."

Number of cases treated or now under treatment	..	..	130
Number of cases on waiting list	..	..	18

### **Diphtheria Immunisation**

As in previous years, Medical Officers have continued to carry out immunisation in primary schools during term time, and during school holidays immunisation sessions have been arranged at the Central School Clinic.

The following table shows the number of cases of diphtheria notified during the past ten years :—

<i>Year</i>	<i>Cases</i>	<i>Number of deaths of which none were immunised</i>
1950	7	2
1951	3	—
1952	—	—
1953	—	—
1954	—	—
1955	2	—
1956	—	—
1957	—	—
1958	1	—
1959	5	—
1960	—	—

During 1960, 1,191 schoolchildren received primary injections and 3,376 were given booster doses.

### **School Milk and Meals**

Miss Butler, School Meals Organiser reports :—

“ During 1960, 4,994,392 meals (4,512,933 children’s meals and 481,459 adults’ meals) were served, an increase of 509,021 since 1959. The daily average in January, 1960 was 24,890 and in December, 1960 it was 27,020. 48·08% of the numbers on roll were having meals when the last return was made to the Ministry in October, 1960.

The following new kitchens were opened :

Bell Green	April	1960
Stoke	May	1960
Foxford, one canteen	September	1960
Foxford, one canteen	October,	1960

According to the statistics called for by the Ministry of Education on one specific day during October, 1960 the number of children present at School was 45,712. Of these 37,278 had free milk, which includes 1,867 at Independent Schools having milk.”

### **Physical Education**

Mr. A. Stokehill and Miss J. Burnett-Knight, Organisers of Physical Education report :—

“ The accent in Physical Education seems to be moving slightly towards a more individual approach and at the secondary stage towards the more individual activities. Authorities up and down the country are looking for places in rural areas which can be developed as outdoor activity centres. Snowdonia and the Peak District are especially popular owing to the great success of the Outward Bound Schools. We, in Coventry, would very much like to have our own centre but suitable properties are not easy to find.



It is found that partner games are becoming more and more popular. Unfortunately, due to very restricted facilities, badminton and squash rackets have to be confined in general to the boys and girls at the top of the school, but tennis is reasonably well catered for and most children can have opportunities to learn and play this game.

Last year, it was possible to purchase some lightweight camping equipment, which is on loan to schools and which has already been well used. Several schools now own their own canoes and it is hoped that in the near future we shall be able to do some sailing and rowing. It is interesting to note that one of our junior schools built its first sailing boat : this was successfully launched to the accompaniment of the school recorder band.

1960 was important in swimming because Lyng Hall Comprehensive School swimming bath was opened and Manor Park Junior School was able to build its own bath complete with filtration and heating. Enthusiasm for swimming still continues so high in this City that such an increase in facilities only serves to whet our appetites for more. The Inter-Secondary Schools Gymnastic Competition has produced a commendable increase in gymnastic ability in our schools and we were delighted to welcome representatives from the Birmingham schools this year. As a result of what they saw, a similar competition has been instituted in Birmingham and in the coming year the first Inter-City Gymnastic Competition will be held. Team games, of course, continue to be played by all our schools and a great deal of devoted work is done by teachers to further the skill required by these games. Because of this our successes in the Midlands continue and we wish to pay a sincere tribute to all who have helped to achieve them."

### **Medical Examinations of Entrants to Training Colleges and the Teaching Profession**

In 1960, 136 candidates were examined by medical officers for entrance into training colleges and 85 for direct entrance into the teaching profession. The necessary chest X-ray examinations were arranged through Dr. Gordon Evans, Physician in charge of the Mass Radiography Unit.

## **INFECTIOUS DISEASES**

### **Dysentery**

I had occasion in my 1959 Annual Report to draw particular attention to the higher incidence of dysentery caused by *Shigella sonnei*, when 525 cases occurred amongst schoolchildren (1957—275 cases ; 1958—246 cases). The incidence of the disease in the Longford Ward, which had for some time presented a particular problem, continued high. In the latter part of 1959, arrangements were made

with general practitioners in that part of the city to ensure the earliest possible notification of cases to my department (by telephone whenever possible) as soon as they came to their attention. Moreover, the health visitors in this area intensified their health education campaign, particularly on the subject of personal hygiene, and gave advice on the measures to be taken to prevent the spread of infection.

There is need for citizens generally to appreciate that dysentery is a most contagious intestinal disease which is readily passed on from person to person : more particularly where personal standards of hygiene and cleanliness fall below reasonable standards of practice. The control of this disease depends to the greatest extent in ensuring absolute cleanliness of hands — most essentially following visits to the toilet : education of children by their parents in this latter respect should be instituted as a matter of routine from a very early age.

While it is certain that the specific measures taken in the Longford Ward had beneficial effect, it is also noted with much satisfaction that the incidence of the disease amongst schoolchildren in the city dropped from the 1959 figure of 525 to 39 only in 1960. It is hoped that this very satisfactory trend may continue, but unfortunately, since the disease has a notorious “nuisance” propensity, there can be no absolute guarantee of this.

### **Infective Hepatitis**

In his report which appears at page 24, Dr. P. N. Stanbury, your Medical Officer at the City of Coventry School, Cleobury Mortimer, draws attention to a sudden outbreak of Infective Hepatitis which occurred during the school term and which, prior to the school breaking up in normal fashion, had affected 13 boys. Because of the close association existing under residential conditions, it was inevitable that this rather slowly incubating disease would involve a further proportion of boys following their return home, and indeed, so it proved. The final total count of cases was 34 just prior to the school re-opening for the summer term.

As a local authority, we have not been troubled of latter years with communal outbreaks of this disease involving sizeable numbers of persons, and indeed, such outbreaks are uncommon. When they do appear, however, residential establishments are seemingly most prone to attack.

In the light of the above events it was necessary to keep the boys under observation while at home and to have repeated consultations with the Director of Education, particularly as a proportion of the boys were to take their G.C.E. examinations during the summer term. In the final event it was found necessary to advise that the re-opening of the school be delayed for three weeks.

The first boy fell ill on 31st January, and there was then a lapse of one month before the second person, a teacher, fell ill on 29th

February. A further interval of approximately four weeks occurred and then from 21st March to 5th April, when the school broke up, a further eleven cases occurred. All the cases occurring during this period were treated by the Medical Officer to the school and precautions were taken in an attempt to prevent the spread of infection to other pupils. The school dispersed for the Easter vacation on 6th April.

During the holidays a survey was held of all pupils attending the school, by which time a further four pupils had fallen ill. A special problem was posed in determining the date on which to re-open the school. The incubation period of infective hepatitis varies in different outbreaks, although with this one it appeared to be of between four and five weeks' duration.

A further examination of the pupils was arranged on 2nd May, and although no new cases with jaundice had occurred, a further eleven pupils were found to have the illness in a mild form. Yet a further survey of the unaffected pupils was arranged on 9th May, and on this occasion a further 17 pupils were found to have the disease, although none were jaundiced.

A survey of the unaffected pupils on 16th May revealed no fresh cases of infective hepatitis. The pupils had had contact with one another at school some five to six weeks previously, and so a decision was taken to re-open the school on 19th May.

No further cases were reported from the school.

Following this outbreak, it was considered advisable to review the general sanitary and hygienic arrangements, water supplies, swimming facilities and also the routine measures adopted and equipment available in the handling and preparation of foodstuffs. A combined visit was therefore made on Friday, 29th April, by the Senior School Medical Officer, School Meals Organiser and the Senior Food and Drugs Inspector, in association with the Senior Public Health Inspector for the Rural District Council of Bridgnorth. In addition, liaison was affected with the Shropshire County Medical Officer of Health. A full report on the circumstances was prepared and thereafter a number of recommendations were submitted to the Education Department for desirable temporary improvements pending the re-building of the school, which it is understood is due to take place fairly soon. It is always a difficult matter to decide upon the closure of a school on account of some infection no matter what period is involved, particularly if important school examinations are pending. The steps taken in this instance were fully merited, however, and the results achieved gave point to the action taken.

I wish to take this opportunity of thanking all those of my staff who were concerned both in the examination of children attending the City of Coventry School and in the subsequent investigation of the hygienic circumstances prevailing there: also the Director of

Education and his staff for their most helpful co-operation. Assistance given by the County of Shropshire and Bridgnorth Health Departments respectively was also greatly appreciated.

### Measles

It will be noted that the incidence of measles was down from 1,920 in 1959 to 236 in 1960, and this is in accordance with the bi-annual cyclical variation.

### General

Other than the diseases mentioned above, there was little untoward to report in connection with infectious diseases except for an outbreak of mumps which involved a fairly high percentage of children at Town Thorns School.

### Notifications of Infectious Diseases

Age group 5 and under 15 years

Figures are also given for comparison with the previous year

	1960	1959
Scarlet Fever .. .. .	142	134
Acute Anterior Poliomyelitis :—		
Non-paralytic .. .. .	—	—
Paralytic .. .. .	—	—
Cerebro-spinal fever .. .. .	—	—
Paratyphoid Fever (B) .. .. .	—	—
Acute Primary Pneumonia .. .. .	2	19
Acute Influenzal Pneumonia .. .. .	4	10
Dysentery .. .. .	39	525
Food Poisoning .. .. .	—	22
Erysipelas .. .. .	—	3
Measles .. .. .	236	1,920
Whooping Cough .. .. .	310	203
Pulmonary Tuberculosis .. .. .	11	11
Non-Pulmonary Tuberculosis .. .. .	2	2
Diphtheria .. .. .	—	5
Acute Encephalitis .. .. .	—	2
Meningococcal Infection .. .. .	3	1
Aseptic Meningitis .. .. .	—	5

Deaths of Children of School Age — 5 years to 15 years — are as follows :—

Malignant and Lymphatic Neoplasms	..	..	2
Heart Diseases	..	..	4
Circulatory Diseases	..	..	1
Pneumonia	..	..	1
Nephritis and Nephrosis	..	..	4
Congenital Malformations	..	..	1
Other defined and ill-defined causes	..	..	3
Motor vehicle accidents	..	..	17
All other accidents	..	..	6
Suicide	..	..	2
			—
			41
			—

No comment is needed on the appalling figure of 17 deaths resulting from motor vehicle accidents, while we continue to attack disease and handicap there seems little result of our efforts to educate the public to the necessity for meticulous caution and unselfishness on our highway.

#### TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPAEDIC CLINIC

Year ending December, 1960.

<i>Defects</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Claw feet .. .. .	1	—	1
Pes planus .. .. .	44	41	85
Valgoid ankles .. .. .	18	20	38
Valgoid heels .. .. .	2	—	2
Kyphosis .. .. .	4	5	9
Genu valgum .. .. .	12	21	33
Osteochondritis .. .. .	5	2	7
Scoliosis .. .. .	3	3	6
Hallux valgus .. .. .	2	18	20
Metatarsus varus .. .. .	1	—	1
Valgoid feet .. .. .	5	—	5
Perthe's Disease .. .. .	3	—	3
Spina Bifida Occulta .. .. .	—	—	—
Overlapping toes .. .. .	2	1	3
Hallux rigidus .. .. .	—	3	3
Plantar fascia strain .. .. .	2	—	2
Osgood Schlatters Disease .. .. .	7	2	9
Torticollis — left sided .. .. .	3	—	3
Ganglion .. .. .	2	11	13
Poliomyelitis .. .. .	1	2	3
Spastic — right sided hemiplegia .. .. .	1	1	2
Deformed toes and feet .. .. .	6	8	14

*continued overleaf*



TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPAEDIC CLINIC						<i>Boys</i>	<i>Girls</i>	<i>Total</i>
<i>—continued</i>								
Curled toes	..	..	..	..	..	1	—	1
T.B. knee	..	..	..	..	..	—	—	—
Tenosynovitis	..	..	..	..	..	—	—	—
Epiphysitis	..	..	..	..	..	3	3	6
Spondylolisthesis	..	..	..	..	..	—	1	1
Exostosis	..	..	..	..	..	1	6	7
Foot strain	..	..	..	..	..	2	3	5
Muscular strain	..	..	..	..	..	4	2	6
Cyst	..	..	..	..	..	2	1	3
Osteomyelitis	..	..	..	..	..	3	2	5
Ingrowing toe nail	..	..	..	..	..	7	1	8
Apophysitis	..	..	..	..	..	—	2	2
Sprain	..	..	..	..	..	—	3	3
Haematoma	..	..	..	..	..	—	—	—
Claw toes	..	..	..	..	..	—	4	4
Discoid cartilage	..	..	..	..	..	2	—	2
Bursitis	..	..	..	..	..	7	12	19
Sacroiliac strain	..	..	..	..	..	1	3	4
Plantar strain	..	..	..	..	..	—	2	2
Chondromalacia	..	..	..	..	..	1	3	4
Arthritis	..	..	..	..	..	—	—	—
Pes Plano Valgus	..	..	..	..	..	—	—	—
Torn cartilage	..	..	..	..	..	—	2	2
Hammer toes	..	..	..	..	..	1	1	2
Poor posture	..	..	..	..	..	3	3	6
Still's disease	..	..	..	..	..	1	—	1
Scheuermann's disease	..	..	..	..	..	—	1	1
Tendon injury	..	..	..	..	..	1	—	1
Fractured femur	..	..	..	..	..	1	—	1
Staphylococcal septicaemia	..	..	..	..	..	—	1	1
Spastic foot	..	..	..	..	..	1	—	1
Osteomyelitis (Toe)	..	..	..	..	..	1	—	1
Subluxation patella	..	..	..	..	..	—	1	1
Sever's disease	..	..	..	..	..	1	—	1
Sprengel's shoulder	..	..	..	..	..	—	1	1
Paralysis	..	..	..	..	..	—	1	1
Equino varus	..	..	..	..	..	2	—	2
Toxic hip	..	..	..	..	..	1	—	1
Wasting left thigh	..	..	..	..	..	—	1	1
Kohler's disease	..	..	..	..	..	1	—	1
Callosities	..	..	..	..	..	1	—	1
Kypho-scoliosis	..	..	..	..	..	1	1	2
Pes cavus	..	..	..	..	..	4	4	8
Genu varum	..	..	..	..	..	1	5	6
Chronic strain	..	..	..	..	..	1	1	2
Miscellaneous	..	..	..	..	..	82	81	163
						262	290	552

## Clinic Sessions

The current arrangements in regard to clinic sessions are set out below :—

### CENTRAL SCHOOL CLINIC, GULSON ROAD.

Minor Ailment Clinics, each afternoon.

Cleansings each morning.

### MEDICAL OFFICER APPOINTMENTS :—

By arrangement, Monday to Friday.

### CHIROPODY :—

By appointment Tuesday afternoon, Wednesday and Friday mornings.

### DENTAL CLINIC :—

By appointment each day and Saturday mornings.

### EAR, NOSE AND THROAT CLINIC :—

By appointment each Wednesday.

Treatment sessions every afternoon (includes “infra-red” treatment).

### RINGWORM — X-RAY TREATMENT :—

By appointment at Coventry and Warwickshire Hospital.

### SCABIES CLINIC :—

Each day, Monday to Friday.

### SPEECH THERAPY :—

Each day, Monday to Friday.

### SUNLIGHT CLINIC :—

Tuesday mornings and Friday afternoons (Sept. to March).

### HEART AND RHEUMATIC CLINIC :—

By appointment alternate Thursday afternoons...

### BRANCH CLINICS.

#### LONGFORD PARK :—

School Medical Officer attends by arrangement.

School Nurse in attendance every afternoon (except Thursday).

#### TEMPLARS :—

School Medical Officer attends by arrangement.

School Nurse in attendance three sessions weekly.

#### BINLEY :—

School Medical Officer attends by arrangement.

School Nurse in attendance Tuesday afternoons from 2 p.m.

#### WYKEN CROFT :—

School Medical Officer attends by arrangement.

School Nurse in attendance Wednesday mornings.

#### BROAD STREET HEALTH CENTRE :—

School Medical Officer attends by arrangement.

#### TILE HILL HEALTH CENTRE :—

School Medical Officer attends by arrangement.

# ATTENDANCES AT SCHOOL CLINICS DURING 1960

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Conditions	Central Clinic Gulson Road		Binley School Branch Clinic		Longford Park Branch Clinic		Templers' Branch Clinic		Wyken Croft Branch Clinic	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Skin :—										
Ringworm—scalp	2		—		—		—		—	
X-ray treatment..	—		—		—		—		—	
Other treatment..	2		—		—		—		—	
Ringworm—body	—		—		—		—		—	
Scabies ..	4		5		4		24		8	
Impetigo ..	3		19		6		117		3	
Other skin diseases	—		—		—		—		—	
Eye diseases :—										
Blepharitis ..	—		—		—		4		3	
Conjunctivitis ..	1		—		7		10		14	
Styes ..	4		9		4		62		34	
Other ..	—		14		—		41		3	
		860		722		727		2,175		1,065
Ear defects :—										
Otorrhoea ..	—		1		2		—		4	
Wax..	21		1		2		4		—	
Other ..	10		1		—		30		—	
Miscellaneous :—										
Septic conditions	44		20		10		231		81	
Skin infections	—		157		4		231		77	
Boils ..	17		9		12		42		28	
Chilblains ..	—		4		—		10		1	
Warts ..	5		57		6		42		37	
Injuries ..	52		84		150		316		72	
Other conditions ..	45		38		222		147		61	
TOTALS ..	210	860	419	722	429	727	1,311	2,175	426	1,065

## Part I

Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	498	497	99·8	1	·2
1955	1,464	1,461	99·8	3	·2
1954	2,990	2,984	99·8	6	·2
1953	827	824	99·6	3	·4
1952	1,481	1,481	100·0	—	—
1951	2,003	2,000	99·85	3	·15
1950	1,349	1,348	99·92	1	·08
1949	2,202	2,199	99·87	3	·13
1948	891	891	100·0	—	—
1947	291	288	98·96	3	1·04
1946	1,017	1,014	99·7	3	·3
1945 and earlier	3,394	3,392	99·94	2	·06
TOTAL	18,407	18,379	99·848	28	·152

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1956 and later	2	29	31
1955	14	87	99
1954	32	214	245
1953	15	56	69
1952	81	62	142
1951	109	80	184
1950	60	61	120
1949	88	70	158
1948	29	31	59
1947	13	11	24
1946	54	25	78
1945 and earlier	171	48	214
TOTAL	668	774	1,423

TABLE C—OTHER INSPECTIONS

Number of special inspections	..	3,667
Number of re-inspections	..	1,924
		<hr/>
TOTAL	..	5,591
		<hr/>

TABLE D—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by nurses or other authorised persons	.. .. .	113,807
(b)	Total number of individual pupils found to be infested	..	1,204
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)..	..	1,204
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)..	..	—



## Part II

Defects Found by Medical Inspection During the Year.

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		Requi- ring Treat- ment (3)	Requi- ring Obser- vation (4)	Requi- ring Treat- ment (5)	Requi- ring Obser- vation (6)	Requi- ring Treat- ment (7)	Requi- ring Obser- vation (8)	Requi- ring Treat- ment (9)	Requi- ring Obser- vation (10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin .. ..	6	4	4	1	10	6	20	11
5	Eyes—								
	(a) Vision ..	66	63	203	34	399	253	668	350
	(b) Squint ..	13	4	1	—	10	2	24	6
	(c) Other ..	—	—	—	—	—	—	—	—
6	Ears—								
	(a) Hearing ..	36	27	5	1	45	18	86	46
	(b) Otitis Media	10	2	2	—	5	6	17	8
	(c) Other ..	4	3	3	—	5	7	12	10
7	Nose and Throat ..	99	76	11	2	79	46	189	124
8	Speech .. ..	37	38	1	—	33	14	71	52
9	Lymphatic Glands	—	1	—	—	—	1	—	2
10	Heart .. ..	21	36	9	2	21	30	51	68
11	Lungs .. ..	9	35	—	3	6	36	15	74
12	Developmental—								
	(a) Hernia ..	8	6	—	1	7	8	15	15
	(b) Other ..	—	21	6	2	46	51	52	74
13	Orthopaedic—								
	(a) Posture ..	6	14	2	2	11	18	19	34
	(b) Feet ..	23	45	10	—	28	63	61	108
	(c) Other ..	11	15	4	1	22	21	37	37
14	Nervous System—								
	(a) Epilepsy ..	1	9	2	—	4	2	7	11
	(b) Other ..	5	11	1	—	11	10	17	21
15	Psychological—								
	(a) Development	6	24	—	—	29	24	35	48
	(b) Stability ..	—	16	—	1	8	25	8	42
16	Abdomen ..	1	5	—	2	9	5	10	12
17	Other .. ..	18	86	5	9	19	96	42	191

TABLE B—SPECIAL INSPECTIONS

Defect Code (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .. .. .	—	2
5	Eyes— (a) Vision .. .. (b) Squint .. .. (c) Other .. ..	44 1 —	23 — —
6	Ears— (a) Hearing .. .. (b) Otitis Media .. .. (c) Other .. ..	34 2 1	12 2 —
7	Nose and Throat .. ..	14	6
8	Speech .. .. .	38	31
9	Lymphatic Glands .. ..	—	2
10	Heart .. .. .	2	4
11	Lungs .. .. .	6	14
12	Developmental— (a) Hernia .. .. (b) Other .. ..	1 1	1 2
13	Orthopaedic— (a) Posture .. .. (b) Feet .. .. (c) Other .. ..	— 1 1	3 — 3
14	Nervous System— (a) Epilepsy .. .. (b) Other .. ..	1 1	— 3
15	Psychological— (a) Development .. .. (b) Stability .. ..	59 4	19 5
16	Abdomen .. .. .	—	2
17	Other .. .. .	32	50

## Part III

Treatment of Pupils attending Maintained Primary and Secondary Schools  
(including Nursery and Special Schools)TABLE A  
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .. .. .	210
Errors of refraction (including squint)	3,271
TOTAL ..	3,481
Number of pupils for whom spectacles were prescribed .. .. .	2,230

TABLE B  
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .. .. .	Not known
(b) for adenoids and chronic tonsillitis	215
(c) for other nose and throat condi- tions .. .. .	Not known
Received other forms of treatment ..	107
TOTAL ..	322
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960 .. .. .	17
(b) in previous years (1953-1959) ..	78

TABLE C  
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
Number of pupils known to have been treated at clinics or out-patient departments .. .. .	552

TABLE D  
DISEASES OF THE SKIN  
(excluding uncleanness, for which see Table D Part I)

	Number of cases known to have been treated
Ringworm— (i) Scalp .. ..	3
(ii) Body .. ..	1
Scabies .. ..	—
Impetigo .. ..	45
Other skin diseases .. ..	148
TOTAL ..	197

TABLE E  
CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority. .. ..	230
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TABLE F  
SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority .. ..	221
--	-----

TABLE G  
OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority .. ..	2,429
(b) Pupils who received convalescent treatment under School Health Service arrangements .. ..	27
(c) Pupils who received B.C.G. vaccination .. ..	*1,074
(d) Other than (a), (b) and (c) above—	
1. Chiropody .. ..	480
2. Ears .. ..	76
3. Ultra Violet Light .. ..	65
TOTAL (a) — (d)	4,151

\*School scheme 1,002  
Contact Clinic 72

(1) Number of pupils inspected by the Authority's Dental Officers :—							
(a) At periodic inspections .. .. .	..	..	..	..	..	..	447
(b) As specials .. .. .	..	..	..	..	..	..	7,537
					TOTAL (1)		7,984
(2) Number found to require treatment .. .. .	..	..	..	..	..	..	7,183
(3) Number offered treatment .. .. .	..	..	..	..	..	..	7,183
(4) Number actually treated .. .. .	..	..	..	..	..	..	6,032
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h) .. .. .	..	..	..	..	..	..	18,911
(6) Half-days devoted to—Periodic (School) Inspection .. .. .	..	..	..	..	..	..	3
Treatment .. .. .	..	..	..	..	..	..	2,466
					TOTAL (6)		2,469
(7) Fillings : Permanent Teeth .. .. .	..	..	..	..	..	..	7,872
Temporary Teeth .. .. .	..	..	..	..	..	..	284
					TOTAL (7)		8,156
(8) Number of teeth filled : Permanent Teeth .. .. .	..	..	..	..	..	..	6,607
Temporary Teeth .. .. .	..	..	..	..	..	..	259
					TOTAL (8)		6,866
(9) Extractions : Permanent Teeth .. .. .	..	..	..	..	..	..	4,784
Temporary Teeth .. .. .	..	..	..	..	..	..	9,438
					TOTAL (9)		14,222
(10) Administration of general anaesthetics for extraction .. .. .	..	..	..	..	..	..	2,697
(11) Orthodontics :							
(a) Cases commenced during the year .. .. .	..	..	..	..	..	..	91
(b) Cases carried forward from previous year .. .. .	..	..	..	..	..	..	105
(c) Cases completed during the year .. .. .	..	..	..	..	..	..	60
(d) Cases discontinued during the year .. .. .	..	..	..	..	..	..	11
(e) Pupils treated with appliances .. .. .	..	..	..	..	..	..	192
(f) Removable appliances fitted .. .. .	..	..	..	..	..	..	130
(g) Fixed appliances fitted .. .. .	..	..	..	..	..	..	31
(h) Total attendances .. .. .	..	..	..	..	..	..	1,429
(12) Number of pupils supplied with artificial dentures .. .. .	..	..	..	..	..	..	89
(13) Other operations :							
Permanent teeth .. .. .	..	..	..	..	..	..	795
Temporary teeth .. .. .	..	..	..	..	..	..	873
					TOTAL (13)		1,668



MINISTRY OF EDUCATION  
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN  
BOARDING HOMES, YEAR 1960

50

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically handicapped	(7) Education- ally Sub- normal (8) Mal- adjusted	(9) Epi- leptic	Total 1-9				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1960 :—										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes .. .. .	1	6	5	4	163	39	84	9	1	312
B. Handicapped Pupils newly ascertained as re- quiring education at Special Schools or boarding Homes .. .. .	2	5	5	6	114	33	93	13	2	273
C. On or about 20th January, 1961, Handicapped Pupils were :—										
1. On the registers of :—										
(i) Maintained special schools										
a. as day pupils .. .. .	1	29	1	28	—	180	323	—	—	562
b. as boarding pupils .. .. .	—	1	1	2	61	—	40	2	—	107
(ii) Non-maintained special schools										
a. as day pupils .. .. .	—	—	—	—	—	—	—	—	—	—
b. as boarding pupils .. .. .	9	—	17	2	4	—	12	14	8	66
2. On the registers of independent schools under arrangements made by the Authority ..	—	—	—	—	—	1	2	6	—	9
3. Boarded in homes and not already included under 1. or 2. .. .. .	—	—	—	—	—	—	—	11	—	11
TOTAL C	10	30	19	32	65	181	377	33	8	755
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(i) in hospitals .. .. .	—	—	—	—	22	1	—	—	—	23
(ii) in other groups (e.g. units for spastics) ..	—	—	—	—	—	—	10	—	—	10
(iii) at home .. .. .	—	—	—	—	2	4	—	—	—	6

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN BOARDING HOME,  
YEAR 1960—continued.

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically handicapped	(7) Education- ally Sub- normal (8) Mal- adjusted	(9) Epi- leptic	Total 1-9
E. Number of Handicapped Pupils from the area requiring places in special schools :—						
(i) Total	1	2	2	48	—	62
(a) day .. .. .	—	—	22	8	—	40
(b) boarding .. .. .	1	—	—	—	1	—
Included in the above total are :—						
(ii) Children under 5 years awaiting						
(a) day .. .. .	—	2	—	—	—	8
(b) boarding .. .. .	—	—	—	—	—	—
(iii) Children over 5 years whose parents refused admission to special school						
(a) day .. .. .	—	—	—	5	—	5
(b) .. .. .	—	—	—	—	—	—

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F. Number on registers of hospital special schools — 53.

G. Number of children reports during the year :— (a) under Section 57 (3) (prior to 1.11.60) or under Section 57 (4) (from 1.11.60) — 25 ; (b) under Section 57 (5) (prior to 1.11.60) — 27 of the Education Act 1944.

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